Division of Health Service Regulation

(X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: 01 B. WING FCL092150 07/01/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1004 EDENBURGH KEEPS DRIVE **GRACIE STURDIVANT CARE HOME** KNIGHTDALE, NC 27545 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) C 000 Initial Comments C 000 This report is of a biennial construction survey done by Bob Getchell on July 1, 2015. This facility was first licensed as a Family Care Home for six (6) ambulatory residents (able to evacuate and respond without any physical or verbal assistance during a fire or other emergency) on April 28, 2009. Based on this we are requiring the home to be in compliance with the 2005 "Rules 10A NCAC 13G for the Licensing of Family Care Homes ", and, the 2006 North Carolina State Building Code, Section 421.2 - Residential Care Facilities. Deficiencies were noted which will require a new plan of correction. C 152 Floors C 152 10A NCAC 13G .0314 FLOORS (a) All floors in a family care home shall be of smooth, non-skid material and so constructed as to be easily cleanable. (b) Scatter or throw rugs shall not be used. (c) All floors shall be kept in good repair. This Rule is not met as evidenced by: 1. Based on observation, the carpet was not maintained safe. This presents a tripping hazard. Findings include: The left front Living Room has runs in the carpet. C 168 Fire Extinguishers C 168 SECTION .0300 - THE BUILDING 10A NCAC 13G .0316 FIRE SAFETY AND **DISASTER PLAN**

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED				
		FCL092150	B. WING		07/0	1/2015			
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C 168	meet these minimul care home: (1) one five pound type centrally located (2) one five pound type located in the locate enforcement official. This Rule is not med 1. Based on obsert protection equipmes afe manner. This not having fire protection equipmes in an emergence in an emergence in the inspection tags indicate that requires being performed performe	ers shall be provided which m requirements in a family I or larger (net charge) "A-B-C" ed; I or larger "A-B-C" or CO/2 kitchen; and ion as determined by the code I. et as evidenced by: vation, the building fire nt was not maintained in a would affect all residents by ection equipment operable for cy. s on the fire extinguishers ed monthly checks are not er NFPA 10 Maintained Safe, Operating THE BUILDING B17 BUILDING SERVICE and all fire safety, electrical, umbing equipment in a family maintained in a safe and	C 168						
	family care homes. This Rule is not me 1. Based on observere not maintaine Findings include:	vation, the smoke detectors							

Division of Health Service Regulation STATE FORM

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE COMF	(X3) DATE SURVEY COMPLETED					
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C 174	The smoke detecto	ge 2 r in the middle front bedroom a smoke was released.	C 174								

Division of Health Service Regulation STATE FORM